## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/589//7

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

|               |  | (FOR   | USE WITI     | 1 FORM       | PTO-875  |                |     | AP             |
|---------------|--|--|--------------|--------------|--|----------------|-----|----------------|
|               | Т.,  |  | AF           | AFTER        |  | AFTER          |     | MS             |
|               |  | AS FILED   |              | i" AMENDMENT |  | 2 nd AMENDMENT |     |                |
| <b>-</b> -    | IND  | DEF  | . IND.       | DEP.         | IND.   | DEP.           | ]   | L              |
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| 5             |  |  |              |              |  |                | 1   |                |
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| 46            | ļ  | ļ  |              |              |  |                | ŀ   | 90             |
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| 49            |  |  | <del></del>  |              |  |                | ļ   | 98             |
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| TOTAL<br>DEP. | 3  | <b>'</b>   | <del> </del> | <u>.</u>     |  | _              | ŀ   | INI<br>TOT.    |
| TOTAL         |  |  |              | 7            |  | <b>,</b>       | - } | DE             |

| MS              |  |              |            |                   |              |                     |  |
|-----------------|--|--------------|------------|-------------------|--------------|---------------------|--|
|                 | AS FILED   |              |            | AFTER 1"AMENDMENT |              | AFTER 2 **AMENDMENT |  |
|                 | IND.   | DEP.         | IND.       | DEP.              | IND.         | DEP.                |  |
| 51              |  |              |            |                   |              |                     |  |
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| 69              |  |              |            |                   |              |                     |  |
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| 72<br>73        |  |              |            |                   |              | ,                   |  |
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| 79<br>80        |  |              |            |                   |              |                     |  |
| 81              | -  | ·····        |            |                   |              |                     |  |
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| 87<br>88        | <del>                                     </del> | ·····        |            |                   |              |                     |  |
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| 91              |  |              | ·          |                   | <del></del>  |                     |  |
| 92              |  |              |            |                   |              |                     |  |
| 93              |  |              |            |                   |              |                     |  |
| 94              |  | i            |            |                   |              |                     |  |
| 95<br>96        | <b> </b>   |              |            |                   |              |                     |  |
| 97              | <del>  -</del>                                   |              |            |                   |              |                     |  |
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| 99              | -  |              |            |                   |              |                     |  |
| 100             |  |              |            |                   |              |                     |  |
| TOTAL<br>IND,   |  | +            |            | 1                 |              | 1                   |  |
| TOTAL<br>DEP.   |  | <b>←</b> 「   |            | <b>+</b>          |              | <u> </u>            |  |
| TOTAL<br>CLAIMS |  |              |            |                   |              |                     |  |
|                 | U.   | S. DEPARTI   | MENT of CO | MMERCE            |              |                     |  |

PTO - 1360 (REV. 11/04)

CLAIMS

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